

# Indiana State Police Clandestine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

**Date:** 4/6/2014

**Street:** 920 Anchorage Road

**Incident #:** 14ISPC002847

**Apt, Lot, Room #:**

**County:** Kosciusko

**City:** Warsaw

**Type of Laboratory Seizure** (check one)

- ☐ Lab Seizure  
☐ Chemical Seizure  
☐ Equipment Seizure  
☒ Dumpsite Seizure

**Seizure Location** (check all that apply)

- ☐ Residence ☐ Hotel/Motel  
☐ Outbuilding ☒ Open – No Structure  
☐ Vehicle ☐ Business  
☐ Other: \_\_\_\_\_

**Apt., hotel, multi-family dwelling:** Shared HVAC: ☐ Yes ☐ No ☒ Unknown

**Items Found: Location** (bedroom, kitchen, open air, etc) (check all that apply)

- ☒ One Pot or Birch Reaction(s): 2  
☐ Red Phosphorous/Iodine Reaction(s): \_\_\_\_\_  
☒ Hydrochloric Acid Gas Generator(s): 4  
☐ Flammable Solvents: \_\_\_\_\_  
☐ Water Reactive Metal (Lithium): \_\_\_\_\_  
☐ Anhydrous Ammonia: \_\_\_\_\_  
☐ Corrosive Acid: \_\_\_\_\_  
☐ Corrosive Base: \_\_\_\_\_  
☐ Ammonium Nitrate/Sulfate: \_\_\_\_\_  
☐ Other (item and location): \_\_\_\_\_

**Child under age 18 discovered** (check appropriate)

- ☐ Yes \_\_\_\_\_ (number present)  
☐ No  
☐ Children not present but evidence they reside  
or visit often

Living conditions of home: ☐ clean ☐ disarray  
☐ unclean  
Estimated length of time manufacturing had been  
occurring: \_\_\_\_\_  
Additional Information: \_\_\_\_\_

**Vehicle, Travel Trailer, RV or Watercraft Information:**

Owner: \_\_\_\_\_  
VIN: \_\_\_\_\_  
Year: \_\_\_\_\_

Make: \_\_\_\_\_  
Model: \_\_\_\_\_  
Color: \_\_\_\_\_

**This report has been faxed\* or emailed to the following agencies that serve the location:**

Fire Department: [mbrubaker@warsaw.in.gov](mailto:mbrubaker@warsaw.in.gov)

Fax: 574-267-6823

Health Department County: [Kosciusko bbaxter@kcgov.com](mailto:Kosciusko bbaxter@kcgov.com)

Fax: 574-2692023

Department of Child Services Hotline: [dcshotlinereports@dcs.in.gov](mailto:dcshotlinereports@dcs.in.gov) Fax: 317-234-7595 or 317-234-7596

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: Trooper Robbins Phone 574-546-4900

\*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.